Vaccines for Children (VFC) Vaccine Management Plan PIN_____

| 1. | Primary VFC Contact: | | | |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| 2. | Secondary VFC Contact: | | | |
| 3. | Both the primary and secondary VFC contacts will know how to store and handle VFC vaccine. They will also know all of the requirements of the VFC program. | | | |
| 1. | Vaccine rec | eiving, storing and handling: | | |
| | | reiving of vaccine shipments; | | |
| | | Vaccines are received by | | |
| | 2. | Person who signs for receipt of vaccine will immediately take the vaccine to | | |
| | | for storage. | | |
| | 3. | will then check vaccines received | | |
| | | against the packing slip, and will call the VFC office if there are any problems with the shipment within two hours of receipt of the vaccine. | | |
| | 4. | will then place vaccines in the | | |
| | | proper storage unit. | | |
| | 5. | All VFC Program information including packing slips will be kept on site for | | |
| | | three (3) years. | | |
| | B. Ref | rigerator/freezer temperature monitoring: | | |
| | | Refrigerator/freezer temperatures are to be taken in the morning when the office opens and in the evening just before the office closes. | | |
| | 2. | Refrigerator temperatures must remain between 35°F and 46°F. | | |
| | | Freezer temperatures must remain below 5°F. | | |
| | | will record the temperatures and | | |
| | | immediately notify the VFC Program at (602) 364-3642 if the temperatures are | | |
| | _ | out of range. | | |
| | 5. | Notify the VFC Program if our office will be closed for more than four (4) days | | |
| | | to find out what to do with the vaccine. | | |
| | 6. | Only National Institute of Technology (NIST) traceable certified thermometers | | |
| | | will be used to monitor refrigerator/freezer temperatures. | | |

C. Storage requirements:

- 1. Vaccine will be placed in the center of the refrigerator/freezer to allow air flow around the vaccine.
- 2. Food will <u>not</u> be stored in the vaccine refrigerator.
- 3. Water bottles will be placed in the door of the refrigerator.
- 4. Frozen ice packs will be placed around all frozen vaccine in the freezer.
- 5. "Do Not Disconnect" signs will be placed by the electrical plug of the unit(s) and by the power circuit breaker.
- 6. Vaccine will only be stored in a household refrigerator/freezer or in separate refrigerator and freezer. Dormitory style refrigerators will <u>not</u> be used to store vaccine.

| 5. | Emerge | ency Plan: | | | |
|----|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|--|--|
| | A. | Written procedures for relocation of vaccines/meds in case of emergency will be posted on the refrigerator and all staff will be required to know the policy. | | | |
| | B. | The Emergency Plan will be reviewed and updated annually o | r as needed by | | |
| 6. | | e ordering/reporting: | | | |
| | A. | will be responsible for maintaining the stock of VFC vaccine. | ordering vaccine and | | |
| | В. С | Vaccine will be ordered every days/months. (circle Vaccine will be inventoried at the time of the vaccine order. | days or months). | | |
| | | A weeks/months supply of vaccine will be kept at all | times. | | |
| | | Temperature logs will be submitted to the VFC Program every | | | |
| | F. | All reports required by the VFC Program for the current report submitted when vaccine is ordered. The reports include: dose eligibility, current inventory on hand, and temperature logs. | ting period will be | | |
| 7. | Invento | ory control: | | | |
| | | will be responsible for c | controlling the VFC | | |
| | D | inventory. | | | |
| | | VFC vaccine inventory will be done monthly. | he alooed in front of | | |
| | | The shortest dated (closest to the expiration date) vaccine will longer dated vaccine and used first. | - | | |
| | D. | If you have short-dated vaccine that you will not be able to us to another provider, using the vaccine transfer form. | e – you can transfer it | | |
| | E. | Call the Vaccine Center at 602-364-3642 and ask for a list of joffice so you can call to see if they can take the vaccine. | providers near your | | |
| 8. | Vaccin | e wastage: | | | |
| | A. | will be responsible for h | andling | | |
| | | wasted/expired VFC vaccine. | | | |
| | B. | All wasted/expired VFC vaccine will be reported to the VFC l Expired Return form. | Program on a Wasted/ | | |
| | C. | The form must be completely filled out and faxed to the VFC | _ | | |
| | D. | The VFC Program will return the form with approval to return McKesson Specialty Distribution. | the vaccine to | | |
| | E. | When the form has been returned, pack the wasted/expired valvFC Program to let them know the vaccine is ready for pick to | | | |
| | F. | McKesson will send a carrier (UPS, FedEx) to pick up the vac | - | | |
| | G. | Notify the VFC Program if the carrier has not picked up the valueeks. | | | |
| | | | | | |
| | | Name of Person Updating Plan | Date | | |